UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Write the full name of each plaintiff.	CV	
	(Include case nun assigned)	nber if one has been
-against-	Do you wan	t a jury trial?
	☐ Yes	□ No
Write the full name of each defendant. The names listed above must be identical to those contained in Section I.		

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES

A. Plaintiff Information

Provide the follow pages if needed.	ving information for each pl	aintiff named in the o	complaint. Attach additional		
First Name	Middle Initial	Last Name			
Street Address					
County, City		State	Zip Code		
Telephone Numbe	<u> </u>	Email Address (if ava	ilable)		
B. Defendant l	Information				
To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed. Defendant 1:					
	Name				
Address where defendant may be served					
	County, City	State	Zip Code		
Defendant 2:	Defendant 2:				
	Name				
Address where defendant may be served					
-	County, City	State	Zip Code		

Defendant 3	3:		
	Name		
	Address where defend	dant may be served	
	County, City	State	Zip Code
II. PLA	CE OF EMPLOYMENT		
The addres	s at which I was employe	ed or sought employmen	t by the defendant(s) is:
Name			
Address			
County, City		State	Zip Code
III. CAU	USE OF ACTION		
A. Federa	1 Claims		
This emplo		wsuit is brought under (cl	neck only the options below
em	tle VII of the Civil Right aployment discrimination igin		§ 2000e to 2000e-17, for or, religion, sex, or national
	The defendant discrimina apply and explain):	ted against me because o	f my (check only those that
	□ race:		
	□ color:		
	☐ religion:		
	□ sex:		
	☐ national origin:		

		42 U.S.C. § 1981, for intentional employment discrimination on the basis of race			
		My race is:			
		Age Discrimination in Employment Act of 1967 , 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)			
		I was born in the year:			
		Rehabilitation Act of 1973 , 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance			
		My disability or perceived disability is:			
		Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability			
		My disability or perceived disability is:			
		Family and Medical Leave Act of 1993 , 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons			
B.	Oth	er Claims			
In addition to my federal claims listed above, I assert claims under:					
		New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status			
		New York City Human Rights Law , N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status			
		Other (may include other relevant federal, state, city, or county law):			

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

agency.

		endant or defendants in this case took the following adverse employment against me (check only those that apply):		
		did not hire me		
		terminated my employment		
		did not promote me		
		did not accommodate my disability		
		provided me with terms and conditions of employment different from those of similar employees		
		retaliated against me		
		harassed me or created a hostile work environment		
		other (specify):		
В.	Fact	ts		
State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) <i>because of</i> your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.				
with	the	onal support for your claim, you may attach any charge of discrimination that you filed U.S. Equal Employment Opportunity Commission, the New York State Division of Rights, the New York City Commission on Human Rights, or any other government		

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

-		file a charge of discrimination against the defendant(s) with the EEOC or any overnment agency?
]	Yes (Please attach a copy of the charge to this complaint.)
		When did you file your charge?
]	No
Have	yc	ou received a Notice of Right to Sue from the EEOC?
]	Yes (Please attach a copy of the Notice of Right to Sue.)
		What is the date on the Notice?
		When did you receive the Notice?
]	No
VI.	R	ELIEF
The re	elie	ef I want the court to order is (check only those that apply):
		direct the defendant to hire me
]	direct the defendant to re-employ me
]	direct the defendant to promote me
		direct the defendant to reasonably accommodate my religion
		direct the defendant to reasonably accommodate my disability
]	direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)
-		
-		

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated		Plain	tiff's Signature	
First Name	Middle Initial	Last N	Name	
Street Address				
County, City		State	Zip Code	
Telephone Number		Email	Email Address (if available)	
I have read the attach	ned Pro Se (Nonprisone)	·) Consent to	Receive Documents Electronically:	
□ Yes □ No	\ 1	,	j	
If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.				

Pro Se (Nonprisoner) Consent to Receive Documents Electronically

Parties who are not represented by an attorney and are not currently incarcerated may choose to receive documents in their cases electronically (by e-mail) instead of by regular mail. Receiving documents by regular mail is still an option, but if you would rather receive them only electronically, you must do the following:

- 1. Sign up for a PACER login and password by contacting PACER¹ at www.pacer.uscourts.gov or 1-800-676-6856;
- 2. Complete and sign this form.

If you consent to receive documents electronically, you will receive a Notice of Electronic Filing by e-mail each time a document is filed in your case. After receiving the notice, you are permitted one "free look" at the document by clicking on the hyperlinked document number in the e-mail.² Once you click the hyperlink and access the document, you may not be able to access the document for free again. After 15 days, the hyperlink will no longer provide free access. Any time that the hyperlink is accessed after the first "free look" or the 15 days, you will be asked for a PACER login and may be charged to view the document. For this reason, you should print or save the document during the "free look" to avoid future charges.

IMPORTANT NOTICE

Under Rule 5 of the Federal Rules of Civil Procedure, Local Civil Rule 5.2, and the Court's Electronic Case Filing Rules & Instructions, documents may be served by electronic means. If you register for electronic service:

- 1. You will no longer receive documents in the mail;
- 2. If you do not view and download your documents during your "free look" and within 15 days of when the court sends the e-mail notice, you will be charged for looking at the documents;
- 3. This service does not allow you to electronically file your documents;
- 4. It will be your duty to regularly review the docket sheet of the case.³

¹ Public Access to Court Electronic Records (PACER) (www.pacer.uscourts.gov) is an electronic public access service that allows users to obtain case and docket information from federal appellate, district, and bankruptcy courts, and the PACER Case Locator over the internet.

 $^{^2}$ You must review the Court's actual order, decree, or judgment and not rely on the description in the email notice alone. See ECF Rule 4.3

³ The docket sheet is the official record of all filings in a case. You can view the docket sheet, including images of electronically filed documents, using PACER or you can use one of the public access computers available in the Clerk's Office at the Court.

CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

- 1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
- 2. I have established a PACER account;
- 3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
- 4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
- 5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
- 6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

Civil case(s) filed in the Southern District of New York:

Note: This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).			
Name (Last, First, I	MI)		
Address	City	State	Zip Code
Telephone Numbe	r	E-mail Address	
Date		Signature	

Return completed form to:

Pro Se Intake Unit (Room 200) 500 Pearl Street New York, NY 10007